Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001958113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850) 385-6735

Fax Number

: {954}541-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		
----------------	--	--

## FLORIDA LIMITED LIABILITY CO. LOGISTICAL RECOVERY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

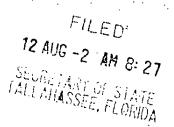
K. SALY EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

112000195811



#### ARTICLES OF ORGANIZATION

OF

### LOGISTICAL RECOVERY, LLC

ARTICLE I - NAME

The name of the limited liability company is Logistical Recovery, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

## Principal Office Address:

Mailing Address:

701 South Olive Avenue, Suite 603 West Palm Beach, Florida 33401

701 South Olive Avenue, Suite 603 West Palm Beach, Florida 33401

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE. & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ian M. Berkowitz, Esq. 2101 NW Corporate Boulevard, Suite 107 Boca Raton, Florida 33401

Having heen named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Ian M. Berkowitz, Esq.

H12000195811

412000195811

## ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" - Manager

"MGMR" ~ Managing Member

**MGMR** 

Banyan Opportunity Partners, LLC 701 South Olive Avenue, Suite 603 West Palm Beach, Florida 33401

REQUIRED SIGNATURE:

(In accordance with section 608 608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ian M. Berkowitz, Esq. Typed or printed name of signee